

TRAFFIC ACCIDENT REPORT	INCIDENT NUMBER		REPORT NUMBER		REPORT TYPE	
	05JUN20-39KH-00385-14DMA		200230100385 VERSION 1		INITIAL	

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

ADMINISTRATIVE

Incident Subject : GOV-POV

Date Received 05-JUN-2020	Time Received 1710	Incident Received By Telephone	Start Date / Time of Incident 05-JUN-2020 1710	End Date / Time of Incident 05-JUN-2020 1710
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Type of Accident Vehicle-Vehicle	Number Vehicles Involved 2	Severity 0 Number Killed 0 Number Injured Property Damage		
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Weather : Clear **Lighting :** Daylight

LOCATION

On/Off Base On	Road or Street on Which Accident Occurred PARKING LOT (21.441898, -157.754396)	City, State/Territory, Zip/Postal Code, Country MCBHKANEOHE BAY, HI 96863 USA
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267 Feet S of Nearest Intersecting Street, Highway, or Other Permanent Landmark Identified as Building 1654

Kind of Locality : Parking Lot/Garage, Motor Pool

VEHICLE(S)

Vehicle # 2	Year 1988	Color White	Model EXPRESS	Body Style Van	Make CHEVY	Owner Name
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License Plate US Government / G431556V	DOD Decal	Vehicle Identification Number (VIN) 1GA2GNFG4J1301489	Ownership Type US Federal Gov. - Appropriated
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Insurance Policy Number	Insurance Company SELF INSURED	Insurance Expires On
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Other Identifying Marks :

Traffic Control/Road Conditions

Driving Lanes : One Lane	Character : Level, Straight
Surface : Concrete	Conditions : Dry
Road Defects : No Defects	Traffic Control : No Traffic Signal

Contributing Circumstances and Driver Actions

Direction Headed : N	Vehicle Defects : None Noted
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Lawful Speed :	Estimated Speed at Impact :	Estimated Speed when Danger was First Noticed :
Distance Traveled after Impact :	Estimated Distance when Danger was First Noticed :	

Vehicle Damage

Severity of Damage : Functional Damage	Areas Damaged : 1 - Front Right
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Towed By : Released to driver	Towed To : N/A
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Vehicle # 3	Year 2015	Color Black	Model PATRIOT	Body Style SUV	Make JEEP	Owner Name (b) (6), (b) (7)(C)
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License Plate Hawaii / TPX499	DOD Decal T7043012	Vehicle Identification Number (VIN) (b) (6), (b) (7)(C)	Ownership Type Private/Personal
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Insurance Policy Number (b) (6), (b) (7)(C)	Insurance Company USAA	Insurance Expires On 01-SEP-2020
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Other Identifying Marks :				
Traffic Control/Road Conditions				
Driving Lanes : Parking Lot			Character : Level, Straight	
Surface : Concrete			Conditions : Dry	
Road Defects : No Defects			Traffic Control : No Traffic Signal	
Contributing Circumstances and Driver Actions				
Direction Headed : W		Vehicle Defects : None Noted		
Lawful Speed :		Estimated Speed at Impact :		Estimated Speed when Danger was First Noticed :
Distance Traveled after Impact :		Estimated Distance when Danger was First Noticed :		
Vehicle Damage				
Severity of Damage : Functional Damage		Areas Damaged : 10 - Left Front Door, 11 - Left Front Quarter-Panel		
Towed By : Released to owner			Towed To : N/A	
DRIVER(S)				
DRIVER #1			Vehicle 2	
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	
Home Telephone			Work Telephone	
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)	
Address				
(b) (6), (b) (7)(C)				
Organization			UIC / RUC	
VMM363				
Drivers License		Limitations on License	Driving Experience	
(b) (6), (b) (7)(C) USA		CORRECTIVE LENSES	4	
Seat Belt Use	Seat Occupied	Chemical Test Given	Chemical Test Refused	BAC PCT
Both Used	1	No	No	
Injury Type(s):				
Contributing Circumstances and Driver Actions				
Citation Number		Driver Actions		
		Making Left Turn		
OCCUPANTS(S)				
PEDESTRIAN(S)				
COMPLAINANT(S)				
COMPLAINANT				
Name		ID Num	Rank	
(b) (6), (b) (7)(C)				
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
Marine Corps	MILITARY	Regular (Active)	(b) (6), (b) (7)(C)	
Address				
(b) (6), (b) (7)(C)				
Organization			UIC / RUC	Work Telephone
(b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)
OFFENSE(S)				
PROPERTY				
PROPERTY - NARCOTIC(S)				
WITNESS(S)				

VICTIMS(S)					
VICTIM			Victim Type Individual	DD2701 Issued 05-JUN-2020	
Name (b) (6), (b) (7)(C)			ID Num	Rank	
Branch of Service Marine Corps	Personnel Type MILITARY	Status Regular (Active)	Date of Birth (b) (6), (b) (7)(C)	Place of Birth	
Sex : Male	Race : White	Ethnicity : Not Hispanic		Resident of Jurisdiction :	
Address (b) (6), (b) (7)(C)					
Organization (b) (6), (b) (7)(C)			UIC / RUC M01367	Work Telephone (b) (6), (b) (7)(C)	
ADDITIONAL VICTIM INFORMATION					
Offense(s) Committed Against This Victim :					
Relationship of Victim to Suspect(s) :					
Aggravated Assault Circumstances :					
Injury Type(s):					
SPONSOR(S)					
SUSPECT(S) / ARRESTEE(S)					
ADDITIONAL POLICE OFFICERS					
NARRATIVE					
<p>At 1710, 05 June 2020, Provost Marshals Office was notified of a multiple motor vehicle collision in the parking lot adjacent to Barracks 1654 MCBH Kaneohe Bay HI, 96863. This is located in the Special Maritime and Territorial Jurisdiction of the United States.</p> <p>Statements: Driver-1 provided me with a verbal statement essentially relating the following: I had just finished dropping off food to some quarantined marines and was attempting to exit the parking lot but when I tried to make a left turn at the end of the parking lot I accidentally scraped another car that was parked in one of the side stalls.</p> <p>Investigation: Investigation revealed Driver-1 was traveling north bound in the parking lot adjacent to Barracks 1654. Driver-1 attempted to make a left turn and failed to observe a parked vehicle. As a result Vehicle-1 front right bumper made contact with Vehicle-2 left side quarter panel.</p> <p>Damages: Vehicle 1 sustained damage consisting of, but not limited to, a small white scratch on the front right bumper.</p> <p>Vehicle-2 sustained damage consisting of, but not limited to, a small white scratch and dent to the front left quarter panel and driver side door.</p> <p>Citations: Diver-1 received (1) DD Form 1408(N18557546) for failure to maintain sufficient distance.</p>					
ENCLOSURE(S)					
ENCL #	DESCRIPTION				
1	Photo Log (3 Pages)				
2	DD FORM 1408				
3	STANDARD FORM 91				
4	Sketch Diagram				
REPORTING/APPROVING OFFICIALS					
Reporting Official (b) (6), (b) (7)(C)		Date 11-JUN-2020	Approving Official (b) (6), (b) (7)(C) Accident Investigations Chief		Date 11-JUN-2020 FINAL APPROVED ON 11-JUN-2020
DISTRIBUTION					
Referred To/Assumed By :					
Distribution :					

Photo-1: Front right profile of Vehicle-1. New damage circled below.



Photo-2: Rear left profile of Vehicle-1. No new damage shown.



Photo-3: Front left profile of Vehicle-2. New damage circled below.



Photo-4: Rear right profile of Vehicle-2. No new damage shown.



Photo-5: Close up of Vehicle-1. Damage consisting of, but not limited to, a small white scratch on the front right bumper.



Photo-6: Close up of Vehicle-2. Damage consisting of, but not limited to, a small white scratch and dent to the front left quarter panel and driver side door.



ARMED FORCES TRAFFIC TICKET

NO COURT

☐ WARNING
(See Remarks below)

NAME
(Last, First, Middle Initial)

The person named below committed traffic violation set forth at the time and location, and on date shown, and was issued this traffic ticket.

1. NAME (Last, First, Middle Initial)

(b) (6), (b) (7)(C)

2. RANK / GRADE

3. DATE OF BIRTH

4. SOCIAL SECURITY NO.

(b) (5), (b) (7)(C)

5. ORGANIZATION OR ADDRESS

(b) (6), (b) (7)(C)

6. DRIVER LICENSE NUMBER

7. ISSUING AUTHORITY (State or Military)

(b) (6), (b) (7)(C)

8. MAKE OR TYPE OF VEHICLE

9. STATE LICENSE OR REGIS. NO.

10. INSTL TAG NO.

11. DATE (Day-month-year)

12. TIME

13. LOCATION

05 JUN 20

1850

Parking adj ALD-5070

14. SPEED OVER LIMIT

X

X

X

IMPROPER LEFT TURN

NO SIGNAL

CUT CORNER

FROM WRONG LANE

IMPROPER RIGHT TURN

NO SIGNAL

INTO WRONG LANE

FROM WRONG LANE

DISOBEYED TFC SIGNAL (When light turned red)

PAST MIDDLE INTERSECTION

MIDDLE OF INTERSECTION

HAD NOT REACHED INTERSECTION

DISOBEYED STOP SIGN

STOPPED WRONG PLACE

FAILED TO STOP

ROLLED / SPED THROUGH

IMPROPER PASSING AND LANE USAGE

AT INTERSECTION

CUT IN

WENT ON PAVEMENT

LANE STRADDLING

WRONG LANE

ON HILL

ON CURVE

FOL TOO CLOSELY FAILURE TO YIELD

OTHER VIOLATIONS (Describe)

PARKING

OVERTIME

DOUBLE PARKING

PROHIBITED AREA

OTHER (Describe in Remarks)

CONDITIONS

SLIPPERY PAVEMENT

AREA

TRAFFIC ACCIDENT

THAT

SNOW

BUSINESS

TYPE OF ACCIDENT

INCREASED

ICE

INDUSTRIAL

PD PI

SERIOUSNESS

NIGHT

RURAL

FATAL

OTHER TRAFFIC PRESENT

FOG

SCHOOL

PEDESTRIAN

VIOLATION

SNOW

RESIDENTIAL

VEHICLE

CAUSED PERSON TO DODGE

CROSS

HIGHWAY

HIT FIXED OBJ

ONCOMING

TYPE

RIGHT ANGLE

SIDESWIPE

PEDESTRIAN

2 - LANE

REAR END

INTERSECTION

SAME DIRECTION

3 - LANE

HEAD ON

RAN OFF ROAD

PEDESTRIAN

4 - LANE

DIVIDED

JUST MISSED ACOT

15. REMARKS

• Failure to Maintain sufficient distance.

16. NAME OF PERSON ISSUING TRAFFIC TICKET

(b) (6), (b) (7)(C)

17. ORGANIZATION AND INSTALLATION

18. RANK / GRADE

(b) (6), (b) (7)(C)

DD Form 1408, DEC 87

Previous edition is obsolete.

CO of violator or appropriate civil agency

TICKET NUMBER

N 18557546

1

200230100385

ENCLOSURE(2)

**MOTOR VEHICLE
ACCIDENT REPORT**Please read the
Privacy Act State-
ment on Page 3.INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72
thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an
accident investigator for bodily injury, fatality, and/or damage exceeding \$500.**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT 20200603	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS (b) (6), (b) (7)(C)				4b. WORK TELEPHONE NUMBER (b) (6), (b) (7)(C)	
5. TAG OR IDENTIFICATION NUMBER 1GA26NFG4J13048A	6. EST. REPAIR COST	7. YEAR OF VEHICLE 1988	8. MAKE CHEVY	9. MODEL EXPRESS	10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE SMALL SCRATCH ON FRONT RIGHT			Government Plates: 6431556 V		

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle) (b) (6), (b) (7)(C)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS	
14a. DRIVER'S WORK ADDRESS (b) (6), (b) (7)(C)		14b. WORK TELEPHONE NUMBER (b) (6), (b) (7)(C)	
15a. DRIVER'S HOME ADDRESS (b) (6), (b) (7)(C)		15b. HOME TELEPHONE NUMBER (b) (6), (b) (7)(C)	
16. DESCRIBE VEHICLE DAMAGE SMALL SCRATCH AND DENT ON LEFT QUARTER PANEL		17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE 2015	19. MAKE OF VEHICLE Jeep	20. MODEL OF VEHICLE Patriot	21. TAG NUMBER AND STATE TPX499 / HI
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS USAA		22b. POLICY NUMBER (b) (6), (b) (7)(C)	
		22c. TELEPHONE NUMBER ()	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input checked="" type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle) (b) (6), (b) (7)(C)	
25. OWNER'S ADDRESS(ES) (b) (6), (b) (7)(C)		24b. TELEPHONE NUMBER (b) (6), (b) (7)(C)	

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)		27. SEX	28. DATE OF BIRTH
29. ADDRESS			
A 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE
33. FIRST AID GIVEN BY			
34. TRANSPORTED BY		35. TRANSPORTED TO	
36. NAME (Last, first, middle)		37. SEX	38. DATE OF BIRTH
39. ADDRESS			
B 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE
43. FIRST AID GIVEN BY			
44. TRANSPORTED BY		45. TRANSPORTED TO	
a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
46. Pedes- trian	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway, playing, walking, hitchhiking, etc.)		

200230100305

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT
20200605

49. TIME OF ACCIDENT
1715 AM
PM

48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection: Kind of locality (industrial, business, residential, open country, etc.); Road description).
PARKING LOT ADJACENT TO BLDG 1654, MCBH KANEOHE BAY, HI, 96863

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

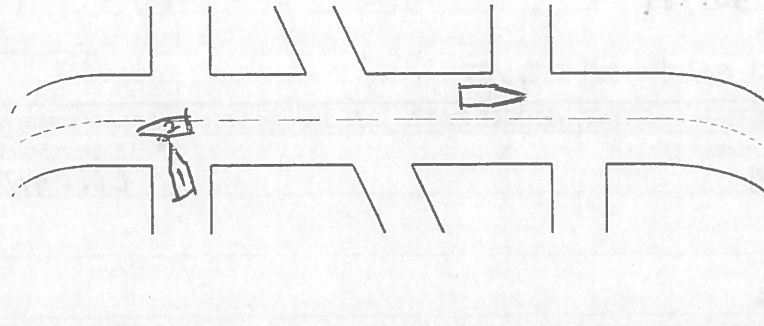
Example:

b. Use solid line to show path before accident and broken line after the accident

c. Show pedestrian by

d. Show railroad by

e. Place arrow in this circle to indicate NORTH



51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. FRONT
✓		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
	✓	h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

I WAS PARKED IN THE PARKING LOT. TRIED TO PULL OUT AND DID NOT MAKE THE TURN AND HIT THE CAR PARALLEL PARKED IN FRONT OF ME. I WAS GOING BETWEEN 3-5 MPH WHEN ATTEMPTING TO MAKE SAID LEFT TURN

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	59. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ()	55. HOME TELEPHONE NUMBER ()
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ()	60. HOME TELEPHONE NUMBER ()
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ()	63c. HOME TELEPHONE NUMBER ()
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ()	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER Accident Investigator: (b) (6), (b) (7)(C)	68b. BADGE NUMBER	68c. TELEPHONE NUMBER (808) 257-6987
69. PRECINCT OR HEADQUARTERS MCBH/PMO/Accident Investigations	70a. PERSON CHARGED WITH ACCIDENT (b) (6), (b) (7)(C)	70b. VIOLATION(S) FAILURE TO MAINTAIN DISTANCE

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

(b) (6), (b) (7)(C)

71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN BUILDING 6886

73. DESTINATION

ANDERSON HALL - BARRACKS 6654

74. EXACT PURPOSE OF TRIP DELIVERING CHOW TO QUARANTINED MARINE.

75. TRIP BEGAN	DATE 20200605	TIME (Circle one) 1955 a.m. p.m.	76. ACCIDENT OCCURRED	DATE 20200605	TIME (Circle one) 1745 a.m. p.m.
77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input checked="" type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)			78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
81. COMPLETED BY DRIVER'S SUPERVISOR					
a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS WITHIN SCOPE OF DUTY			

82a. NAME AND TITLE OF SUPERVISOR

(b) (6), (b) (7)(C)

82b. SUPERVISOR'S SIGNATURE AND DATE

20200605

82c. TELEPHONE NUMBER

(b) (6), (b) (7)(C)

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☒ NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)

2020/6/05

b. NAME (First, middle, last)
(b) (6), (b) (7)(C)

c. TITLE
Accident Investigator

d. OFFICE
MCBH/PMO/Accident Investigations

e. OFFICE TELEPHONE NUMBER
(808) 257-6987

88. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)

11 Jun 20

b. NAME (First, middle, last)
(b) (6), (b) (7)(C)

c. TITLE
Traffic Chief

d. OFFICE
MCBH/PMO/Accident Investigations

e. OFFICE TELEPHONE NUMBER
(808) 257-6974

SKETCH DIAGRAM

DATE OF INCIDENT	TIME	LOCATION	Investigator	CASE CONTROL NUMBER
06/05/2020	1710	Parking Lot of Barracks 1654 MCBH Kaneohe Bay HI, 96863.	(b) (6), (b) (7)(C)	200230100385

(5th Street)

